



**STATE OF IOWA  
HEALTH FLEXIBLE SPENDING ACCOUNT  
PREPAYMENT FORM**

\_\_\_\_\_  
Last Name, First Name, MI  
(please print)

\_\_\_\_\_  
SSN

I certify that I am participating in the State of Iowa's Early Out 3 Sick Leave and Vacation Incentive Program. I hereby request that the State of Iowa deduct my remaining health flexible spending account annual commitment from my last paycheck.

Annual commitment for 2004                      \$ \_\_\_\_\_

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Deductions prior to last paycheck                      \$ \_\_\_\_\_

Amount to be deducted on last check                      = \$ \_\_\_\_\_

Date of last paycheck                      \_\_\_\_\_

I understand that the above pays for coverage as a participant in the State's Health Flexible Spending Account Program through December 31, 2004.

**Employee's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Return this form to your department's personnel assistant**

**PERSONNEL ASSISTANT USE ONLY:**

Dept. 10 Digit #: \_\_\_\_\_

Termination date: \_\_\_\_\_

I certify this employee has filed an Application to participate in the State's Early Out 3 program and is a current participant in the Health Flexible Spending Account program.

Personnel Assistant Signature: \_\_\_\_\_

Date \_\_\_\_\_

Personnel Assistant Phone #: \_\_\_\_\_

For more information, contact ASI at:

1-800-659-3035

[asi@asiflex.com](mailto:asi@asiflex.com)

<http://www.asiflex.com>